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indicated unless corrected be maintenance fee notification		in Block 1, by (a)	) specifying a r	new correspondence addre	ess; and/or (b) indicating a sep	arate "FEE ADDRESS"
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	90 08/25/2005 DELLTID	CED	8 )			
8911 NORTH CAP SUITE 2110	90 08/25/2005 DELL LLP PITAL OF TEXAS HIC 9	SHW SEP X	2 8 2005	I hereby certify that States Postal Servic addressed to the M transmitted to the U	Certificate of Mailing or Tran t this Fee(s) Transmittal is beir be with sufficient postage for fi fail Stop ISSUE FEE address SPTO (571) 273-2885, on the	smission  ag deposited with the Un  rst class mail in an envel  s above, or being facsim  date indicated below.
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APPLICATION O. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/583,943	05/31/2000		Michael Wayr	ne Brown	AUS000047US1	4372
TITLE OF INVENTION: BALANCING THE COMPREHENSIVE HEALTH OF A USER 09/30/2005 CNGUYEN3 00000012 090447 09583943						
				01 FC	C:1501 1400.00 DA	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$0	\$1400	11/25/2005
EXAMINER		ART UNI	IT	CLASS-SUBCLASS		
PASS, NATALIE 3626				705-003000		
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list						
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Fee Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
International Business Armonk, New York						
Machines Corporation  Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual Corporation or other private group entity Governm						
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):						
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5. Change in Entity Status  a. Applicant claims SM	(from status indicated above MALL ENTITY status. See		b. Applican	nt is no longer claiming SM	IALL ENTITY status. See 37 (	CFR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Issublication fee (if required) was of the United States Pate	e Fee and Publicat vill not be accepted ent and Trademark	ion Fee (if any) I from anyone o Office.	or to re-apply any previo ther than the applicant; a r	usly paid issue fee to the applic registered attorney or agent; or	ation identified above. the assignee or other part
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